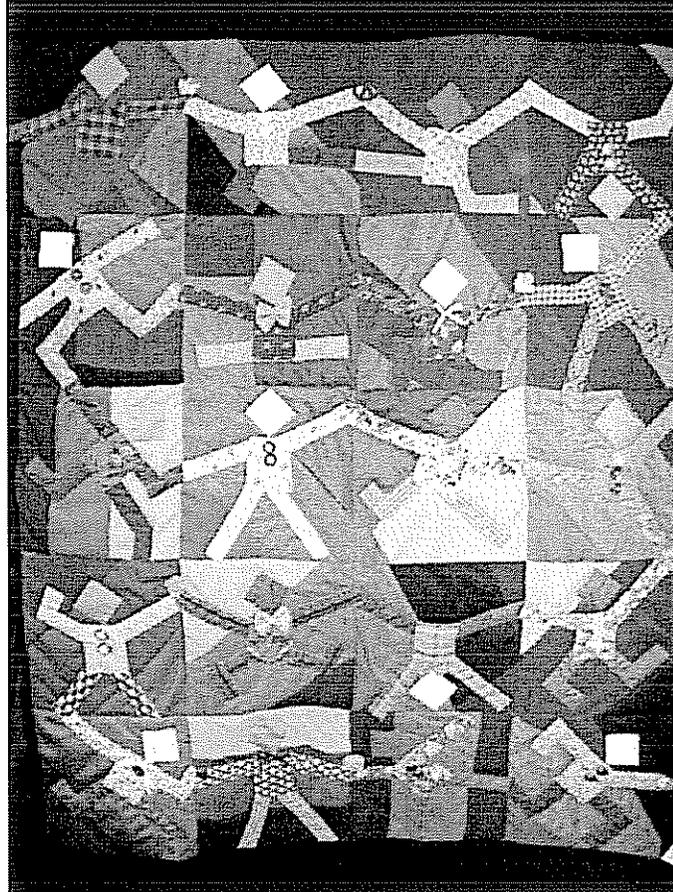


TAPESTRY



ARIZONA'S
LOCAL STRATEGIC PLAN
FOR PROJECT LAUNCH

September 1, 2009

Tapestry Project Strategic Plan Table of Contents

Part 1: Framing the Strategic Plan	Page 4
I. Purpose	
II. Goal of Strategic Planning Process	
III. Members of the Strategic Planning Team	
IV. Overview of Timeline and Critical Elements	
V. Coordination between State and local strategic planning processes	
Part 2: Developing the Strategic Plan	Page 6
I. Process	
II. Meeting 1: May 20, 2009, 9:00 a.m. to 11:00 a.m.	
A. Objectives	
B. Outcomes	
III. Meeting 2: June 16, 2009, 9:00 a.m. to 11:00 a.m.	
A. Objectives	
B. Outcomes	
IV. Meeting 3: June 30, 2009; 9:00 a.m. to 11:00 a.m.	
A. Objectives	
B. Outcomes	
C. Chart: Compares Tapestry Goals and Objectives in original grant and after revision	
V. Sub Group Meeting 1: July 8, 2009, 1:00 p.m. to 4:00 p.m.	
A. Outcomes	
VI. Meeting 3: July 13, 2009, 2:30 pm to 4:30 pm	
A. Objectives	
B. Outcomes	
C. Chart: Five strands and how they are incorporated into the Tapestry evidence-based programs	
D. Evaluation outcomes of the Tapestry evidence-based programs	
i. Highest Ranked evaluation outcomes	
ii. Second Highest Ranked evaluation outcomes	
E. Outcomes by Evidence-based Programs	
iii. <i>Incredible Years</i> Expected Evaluation Outcomes	
iv. <i>Parents as Teachers</i> Expected Evaluation Outcomes	
v. <i>Strengthening Multi-Ethnic Families and Communities</i> Expected Evaluation Outcomes	
vi. <i>Parenting Wisely</i> Expected Evaluation Outcomes	
VII. Sub Group Meeting 2: July 13, 2009, 5:00 p.m. to 7:30 p.m.	
A. Outcomes	
VIII. Meeting 5: July 27, 2009, by email	

- IX. Meeting 6: August 5, 2009, 2:00 p.m. to 4:00 p.m.
 - A. Objectives
 - B. Outcomes

Part 3: Documenting the Comprehensive Strategic PlanPage 16

- I. Overview
- II. Mission
- III. Vision
- IV. Guiding Principles
- V. Tapestry Goals and Objectives
- VI. Themes
- VII. Communication of ideas to the State level Young Child Wellness Council
- VIII. Tapestry Local Level Strategic Plan

Part 1: Framing the Strategic Plan provides context for the purpose and critical elements of the strategic plan.

Purpose: The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has created a new grant program, Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). The program is designed to promote the wellness of young children ages birth to 8 years of age by addressing the physical, emotional, social, and behavioral aspects of their development. The Tapestry Project (Tapestry) is the local component of Arizona's Project LAUNCH effort.

The purpose of the local Strategic Plan is to describe how Tapestry will implement systems reforms and services and practices at the local level to support the development of a comprehensive, family-centered public health approach for children birth to eight and their families. The local strategic plan includes: service implementation, workforce development, systems reform and potential policy change efforts, coordination with the State, between providers and with parents, financing and sustainability-focused activities, local-level council efforts, implementation of evidence-based programs and practices, and health and care fairs.

Goal of Strategic Planning Process: The Tapestry staff, Young Child Wellness Council members and other key stakeholders met six times to develop the local strategic plan that will serve as a framework guiding our work over the next four years. We see the strategic plan as a "work plan" that is flexible and changes with new data, policy, resources or other community or programmatic variables with the objective being to provide high quality evidence based programs to the targeted population and implement strategies to better coordinate and enhance precious resources.

Members of the Strategic Planning Team: The local Strategic Planning Team consisted of 24 community representatives and all members of the Tapestry staff representing the following:

- Two parent representatives from the Family Involvement Center.
- Project LAUNCH's Project Director and Epidemiologist from the Arizona Department of Health Services.
- Arizona Department of Economic Security/Arizona Department of Corrections Legacy Prisoner Re-entry program.
- South Phoenix Regional Council Coordinator from First Things First;
- Arizona Early Intervention Program (AzEIP).
- Special Policy Advisor for Law Enforcement from the Criminal Division of the Office of the Arizona Attorney General.
- Local representative from Child Protective Services.
- Phoenix Children's Hospital's Healthy Steps for Young Children Program.
- Maricopa County's South Phoenix Healthy Start Program.
- Maricopa County Crime Prevention Specialist from the Justice System Planning and Information Department.
- Roosevelt School District.
- City of Phoenix Head Start Program.

- Mountain Park Health Center.
- Project Director from the Arizona Women's Education and Employment Prisoner Re-Entry Programs.
- Southwest Network, Inc.
- Childhelp KEYS Community Center.
- People of Color Network.
- Southwest Human Development.
- Central AZ Kinship Care Coalition Community Specialist from Casey Family Programs.

Overview of Timeline and Critical Elements: The Strategic Planning Team met six times, including an initial meeting with the members of the Young Child Wellness Council to determine members of the Strategic Planning Team. A smaller sub-group of volunteers from the Strategic Planning Team met two additional times to synthesize the input from the larger meetings. The summary of their work was to:

1. Complete analysis of the Environmental Scan data and initial grant proposal.
2. Review, reflect and refine Vision, Goals & Objectives & Principles.
3. Review and refine the local logic model.
4. Develop or refine program and policy strategies.
5. Draft local strategic plan that includes goals, objectives and strategies, including ideas for financing and sustainability.
6. Identify strategies, activities, timeframes, responsible party, indicators and outcomes for each local objective.
7. Review work by the State strategic planning team to ensure the two plans are aligned and responsive.
8. Review final Strategic Plan to be submitted to SAMHSA.

Coordination between State and local strategic planning processes

- Local Young Child Wellness Coordinator and Secondary Local Young Child Wellness Coordinator attended the State strategic planning days on: June 3, 17, July 1, 15 & 29 from 9:00 a.m. to 12:00 p.m. to inform the State level of local level ideas/concerns.
- State LAUNCH Project Director and Project LAUNCH Epidemiologist attended the local Tapestry Strategic Planning and sub-committee meetings to integrate the work at the State level with work at the local level.

Part 2: Developing the Strategic Plan

Process: From May 20, 2009 to August 27, 2009, the local Tapestry Strategic Planning Team met six times; five times face-to-face and once over the internet and twice in a sub-group to develop a local strategic plan to serve as a framework to guide the local implementation of Arizona's Tapestry Project. The local strategic plan will dovetail with the State Project LAUNCH strategic plan. The State strategic plan tackles large system issues and develops broad policy questions while the local team focuses on community-level implementation, evaluation of evidence-based programs and coordination of local services.

Meeting 1: May 20, 2009, 9:00 a.m. to 11:00 a.m.

Objectives:

- Determine Participants of the Strategic Planning Team.
- Complete Young Child Wellness Council analysis of the local Environmental Scan.
- Summarize draft analysis of findings and conclusions from the local Environmental Scan for incorporation into Strategic Plan, initially determined as:
 - a. Strategies are needed to help parents get services for children with special health or developmental needs.
 - b. There is a need for cross-training of local organizations.
 - c. There is a need for enhanced awareness for local services.
 - d. There need to be more resources and those that exist could be better coordinated.
 - e. Parents could be helpful as mentors to each other.
 - f. There should be a Parent Advisory Council.
 - g. The community needs to be brought together to address critical issues impacting families.
 - h. A catalyst is needed for policy changes to improve services for children and families.
 - i. There is a need for cultural competency training.
 - j. There is a need for parent education.

Outcomes:

1. Reviewed data from Provider and Parent Focus Groups and determined major themes.
2. Completed analysis of the Environmental Scan and posed list of critical questions.
3. Summarized the initial analysis from the Environmental Scan.
4. Discussed placement of Tapestry Family Educators within four community organizations.
5. Determined participants and recruited additional members for the Strategic Planning Team.
6. Determined timeline for completion of Strategic Planning process.

Meeting 2: June 16, 2009, 9:00 a.m. to 11:00 a.m.

Objectives:

- Review outcomes desired by Strategic Planning Team process.
- Review, reflect and refine Vision, Goals & Objectives & Principles from grant.
 - a. Understand the work of the State Strategic Planning Team.
 - b. Review the local Environmental Scan and the original Tapestry grant to review, reflect and if necessary refine goals, objectives, and the logic model.

Outcomes:

1. Learned about State-level Project LAUNCH activities and the local Tapestry Project.
2. Reviewed and adopted the Mission, Vision, and Guiding principles.
3. Reviewed the purpose, goals, objectives, and the local logic model from the initial grant to make revisions at subsequent meeting.
4. Received update on the progress of the implementation of the evidence-based programs occurring at the local level.
5. Began to work in sub-groups. Members self-selected the group they chose to participate in as follows:
 - a. Group One was made up of people whose compelling interest is implementation of evidence-based programs and developmental screenings.
 - b. Group Two was made up of people whose compelling interest is on the development of the Young Child Wellness Council – including coordination of services, maximizing resources of local service delivery, reducing redundancies.
6. Each sub-group reviewed the local Environmental Scan in more depth, paying close attention to the conclusions and implications for services and children and families in the targeted area.
7. Sub-groups provided an opportunity for more in-depth analysis of the Environmental Scan and its implications as well as an opportunity to add Strategic Planning Team member's knowledge and expertise to the planning process.
8. Based on Strategic Planning Team member input revisions were made to the Environmental Scan conclusions which assisted to guide subsequent meetings.

Meeting 3: June 30, 2009; 9:00 a.m. to 11:00 a.m.

Objectives:

- Review and refine the local logic model.
- Develop or refine program and policy strategies, including:
 - a. Building system capacity and coordination.
 - b. Supplying input on implementation of evidence-based programs at the local level.
 - c. Articulating how organizations will train local providers.
 - d. Providing information on evidence based Tapestry Programs.
 - e. Recruiting and retaining children/families to participate.
 - f. Coordinating services.

- g. Family involvement.
- h. Identifying potential barriers to implementation.

Outcomes

1. Members of the Strategic Planning Team continued to work in the two sub-groups. One focused on coordination of local services and resources and one is focused on the implementation of evidence-based programs.
2. They completed input and recommendations on the conclusions drawn from the Environmental Scan. These conclusions were integrated into the Tapestry goals and objectives.
3. The Strategic Planning Team reviewed and agreed to revise the Tapestry Goals and Objectives based on the analysis. The original goals and objectives from the initial grant and the revised goals and objectives are listed in the chart below:

Tapestry Goals and Objectives (Arizona)

Goals and Objectives (<i>Proposed in original grant</i>)	Goals and Objectives (<i>Updated</i>)
Goal 1: Build a solid State-level infrastructure to implement a comprehensive early childhood system of care for Arizona’s children age 0-8 and their families.	Goal 1: Same
Objective 1.4 Project LAUNCH & Tapestry will have provided 500 hours of training/technical assistance at State and local level.	Objective 1: Deleted. The State and local planning team determined that this was better completed as an outcome that we would track rather than an objective.
Goal 2: Deliver local family-centered, fully integrated services for Arizona’s highest need children 0-8 and their families.	Goal 2: Deliver local family-centered, fully integrated services for children 0-8 and their families <i>in the targeted area</i> .
Objective 2.1: Tapestry will have created a Local Young Child Wellness Council representing child/family serving systems to coordinate services and programs for children 0-8 and their families in the south mountain area.	Objective 2.1: Tapestry will have created a Local Young Child Wellness Council representing child/family serving systems to coordinate services and programs for children 0-8 and their families in the <i>targeted</i> area.
Objective 2.2: Tapestry will have integrated uniform use of developmental screenings and assessments across a range of settings for children age 0-8 and their families in the South Mountain community.	Objective 2.2: Tapestry will have integrated, <i>coordinated and consistent</i> use of developmental screenings and assessments across a range of settings for children age 0-8 and their families in the <i>targeted</i> area.
Objective 2.3: Tapestry will have increased primary care and behavioral health care cross-referrals by 25% among children age 0-8 and their families in the South Mountain community.	Objective 2.3: Tapestry will have <i>developed and implemented a comprehensive training program for 100 primary and behavioral health providers, 50 child care providers and 50 parents about infant and toddler mental health, resources and benefits available, how to access services and strategies for collaboration resulting in increased awareness of mental health care for young children as evidenced by pre & post questionnaire.</i>

<p>Objective 2.4: Tapestry will have delivered evidence-based skill-building interventions to 2,500 children/families in the South Mountain community.</p>	<p>Objective 2.4: Deleted. The local planning team determined that this was better completed as a outcome that we would track rather than an objective. We plan to track that Tapestry has delivered evidence-based <i>services</i> to 2,000 program participants in the <i>targeted</i> area.</p>
<p>Goal 3: Promote positive social and emotional development and mental health for children 0-8 and their families.</p>	<p>Goal 3: Same</p>
<p>Objective 3.1: Tapestry will have reported reduced violent behavior among 75% of the children exhibiting anti-social behavior who participate in the Incredible Years curriculum.</p>	<p>Objective 3.1: Tapestry will have implemented the Incredible Years Classroom <i>Teacher</i> Behavior Management <i>Training</i> program with at least 5 cohorts of 15 teachers and Parent Training Component with at least 5 cohorts of 15 parents.</p>
<p>Objective 3.2: Tapestry will have reported increased family bonding among 75% of the families participating in <i>Parents as Teachers</i> home visitation program.</p>	<p>Objective 3.2: Tapestry will have graduated at least 100 families in the <i>Parents as Teachers</i> home visitation program.</p>
<p>Objective 3.3: Tapestry will have reported improved social competency skills among 75% of the children age 8 participating in the Strengthening Multi-Ethnic Families and Communities Program.</p>	<p>Objective 3.3: Tapestry will have completed the Strengthening Multi-Ethnic Families and Communities training with at least 300 families.</p>
<p>NEW OBJECTIVE</p>	<p>Objective 3.3: NEW OBJECTIVE <i>Tapestry will have completed the Parenting Wisely Program with at least 200 families.</i></p>
<p>Objective 3.4: Tapestry will have reported a 50% increase in early identification of physical, emotional and intellectual needs of children 0-3 participating in Healthy Steps as the Phoenix Children’s Hospital.</p>	<p>Objective 3.5: Tapestry will have implemented Healthy Steps in one or more physician’s practices.</p>

4. Members of the Strategic Planning Team participated in an exercise to revise and refine Tapestry objectives and develop priorities and strategies for objectives 2.1 to 2.4 by providing input on the following questions:
 - a. What are 5 ways that the Child Wellness Council will help coordinate local programs and services?
 - b. How do we ensure we have integrated, coordinated and uniform use of developmental screenings across all settings?
 - c. What do we need to do to increase primary care and behavioral health cross referrals?
 - d. How do we promote and let people know about Tapestry evidence-based programs?
5. Several members of the Strategic Planning Team volunteered to serve on a smaller group to further develop each objective further and respond to specific questions to refine the suggested strategies.

Sub Group Meeting 1: July 8, 2009, 1:00 p.m. to 4:00 p.m.

Outcomes

1. The subgroup took the input from the full group meeting and spent three hours in a process to categorize the information into primary actions for each objective.
2. The subgroup reviewed the summary from June 30th full group brainstorming activity. For each of the four objectives the full-group completed the following process:
 - a. Reviewed group responses and categorized the responses into groups.
 - b. Determined what tasks are primarily the responsibility of the local Young Child Wellness Council/Tapestry and what tasks are primarily the responsibility of the Project LAUNCH State Advisory Council.
 - c. The sub-group completed a list of tasks for local group under objective 2.1 to 2.4.
 - d. The sub-group discussed the rationale for the objective; the proposed strategies/tasks and the stakeholders responsible.
 - e. The sub-group reviewed the conclusions from the Environmental Scan which incorporated the input from the full-group and ensured that these were included in the objectives or action steps.
3. Two members of the sub-group volunteered to report back to the full group.

Meeting 3: July 13, 2009, 2:30 pm to 4:30 pm

Objectives:

- Identify tasks for Tapestry goals/objectives.
- Review draft strategic plan developed from the June 16th and June 30th meetings.
- Review work by the State Strategic Planning Team to ensure the two plans are aligned and responsive and discuss on-going sustainability plans.
- Discuss and determine methods for project sustainability.
- Discuss and determine methods for performance assessment/evaluation.

Outcomes

1. The sub-group reported back to the full Strategic Planning Team on their synthesis of input including specific strategies/tasks on Tapestry Goal 2, objective 2.1 to 2.4.
2. The full Strategic Planning Team reviewed Tapestry Goal 2, objective 2.1 to 2.4 of the proposed strategic plan and provided input.
3. The full group brainstormed the following question to provide input on Goal 1, objective 1.4:
 - a. What kinds of training and technical assistance should Tapestry provide for child care, primary/behavioral health and school personnel to help accomplish our objectives? (i.e. cross-training, cultural competency)?
4. The sub-group incorporated the full Strategic Planning Team's input into the final strategic plan. The Strategic Planning Team then received an overview and discussed the five strands of the grant scope of work and how they are incorporated into the Tapestry Evidence-based programs, as follows:

Five Strands	Tapestry Evidence-Based Programs
1. Home visiting	<i>Parents as Teachers</i>
2. Family Strengthening	Parenting Wisely. Strengthening Multi-Ethnic Families and Communities
3. Integration of behavioral health programs into primary care and early childhood education	Healthy Steps Incredible Years Teacher Classroom Behavior Management Training
4. Developmental Screening/Referral	<i>Parents as Teachers</i> Stand alone screening using ASQ 3, ASQ SE, hearing and vision screening
5. Mental Health Consultation	Training in Infant/Toddler Mental Health

1. The Strategic Planning Team then ranked the evaluation outcomes of the Tapestry evidence-based programs. The results were incorporated into the strategic plan. The summary is:
 - a. Highest-ranked evaluation outcomes:
 - Social-emotional development (15) *Parents as Teachers*.
 - Increase in parent use of effective limit-setting--replacing harsh discipline with non-violent discipline techniques and increased monitoring (13) IY Parent Training.
 - Reduce spousal violence & violence toward their children (13) Parenting Wisely.
 - Increase child social competency skills (12) Strengthening Multi-Ethnic Communities & Families.
 - Increase in teacher use of praise and encouragement (11) IY Teacher Training.
 - Parent-child attachment (11) *Parents as Teachers*.
 - b. Second Highest-ranked evaluation outcomes:
 - Reduction in parental depression and increases in parental self-confidence (10) IY Parent Training.
 - Increase in positive family communication and problem-solving (10) IY Parent Training.
 - Knowledge of age-appropriate child development in cognitive, language and literacy, social-emotional and motor domains (10) *Parents as Teachers*.
 - Increase parent knowledge & use of good parenting skills (9) Parenting Wisely.

- Increase parent sense of competence (8) Strengthening Multi-Ethnic Communities and Families.

2. Outcomes by Evidence-based Program are:

c. **Incredible Years Expected Evaluation Outcomes.**

- Teacher classroom Behavior Management Training.
 - Increase in teacher use of praise and encouragement (11).
 - Reduce use of criticism and harsh discipline (5.)
 - Increase in children's positive affect and cooperation with teachers, positive interactions with peers, school-readiness and engagement with school activities (6).
 - Reduction in peer aggression in the classroom (1).
- Parent Training.
 - Increase in parent positive affect such as praise and reduction in use of criticism and negative commands (6).
 - Increase in parent use of effective limit-setting---replacing harsh discipline with non-violent discipline techniques and increased monitoring (13).
 - Reduction in parental depression and increases in parental self-confidence (10).
 - Increase in positive family communication and problem-solving (10).
 - Reduction in conduct problems in children's interactions with parents (2).
 - Increases in child's positive affect and compliance to parental commands (4).

d. **Parents as Teachers Expected Evaluation Outcomes.**

- Short-term outcomes.
Parent will display improved:
 - Parent-child attachment (11).
 - Knowledge of age-appropriate child development in cognitive, language and literacy, social-emotional and motor domains (10).
 - Feeling of competence and confidence in parenting practices (7).
 - Interaction with child that enhanced age-appropriate development (4).
 - Parenting practices (4).
 - Knowledge and practice of positive discipline techniques (4).
 - Home environment (3).
 - Involvement in child's care and education (2).
- Intermediate outcomes.
Child will have improved:
 - Social-emotional development (15).

- Relationship with and attachment to parent (8).
- Language and literacy skills (6).
- Cognitive abilities (2).
- Rate of low birth weight (if prenatal visits received) (2)
- Motor skills (0).

e. Strengthening Multi-Ethnic Families and Communities Expected Evaluation Outcomes.

- Increase child social competency skills (12).
- Increase parent sense of competence (8).
- Increase child self-esteem and self-discipline (7).
- Increase positive family/parent/child interactions (5).
- Increase parental involvement in community activities (4).

f. Parenting Wisely Expected Evaluation Outcomes.

- Reduce spousal violence & violence toward their children (13).
- Increase parent knowledge & use of good parenting skills (9).
- Improve problem solving (4).
- Decrease child behavior problems (2).

3. The Strategic Planning Team then brainstormed how Tapestry programs and coordination activities can be sustained overtime. The sub-group incorporated their input into the final strategic plan.
4. The sub-group met directly after the full Strategic Planning Meeting.
5. The full Council received copies of all materials handed out at the meeting, including the synthesis of input on Goal 2, objectives 2.1 to 2.4 for their comment and further input.

Sub Group Meeting 2: July 13, 2009, 5:00 p.m. to 7:30 p.m.; Outcomes

1. Volunteers from the sub-group met directly after the full-group meeting and further synthesized the input from the larger group further.
2. Included in the final strategic plan is their synthesized input on Goal 1, objective 1.4, input on Goal 3, objectives 3.1 to 3.5 expected outcomes pertaining to evaluation outcomes and implementation of evidence-based programs, and input on the sustainability of Tapestry.

Notice that deadline for submission of Tapestry Strategic Plan extended from July 31 to August 31, 2009

- Tapestry learned that the deadline for the local Strategic Plan was extended. As a result Tapestry held a meeting in August to further develop our priority objectives and action steps.

Meeting 5: July 27, 2009, by email, Outcomes

- Members of the Strategic Planning Team received a draft strategic plan by email for review and comment and were invited to a special meeting on August 5, 2009.

Meeting 6: August 5, 2009, 2:00-4:00 p.m.

Objectives:

- Members of the Strategic Planning Team will meet to review the draft Strategic Plan and review identified goals and objectives and define them further, including determining action steps linked with timeframes.
- Members of the Strategic Planning Team will review of the draft Strategic Plan to be submitted to SAMHSA.
- Members of the Strategic Planning Team will determine Tapestry's two to three top priority goals and objectives.
- Members of the Strategic Planning Team will identify what Tapestry is hoping to accomplish in the near, mid and long-term.
- Members of the Strategic Planning Team will concretize the action steps involved in achieving the highest priority goals and objectives, including identifying who will be primarily responsible for carrying out these action steps.
- Members of the Strategic Planning Team will identify an estimated timeframe for completion (both for specific action steps and overall goals).

Outcomes

1. Reviewed draft Strategic Plan and expected evaluation outcomes.
2. Discussed that the purpose of meeting is to set priorities and further develop prioritized strategies.
3. Reviewed Priority Tapestry Strategies with Draft Action Steps created from input from previous Strategic Planning meetings.
4. Reviewed Comparison of Proposed Tapestry Strategies and Tapestry Objectives document.
5. Discussed priority strategies:
 - a. Promote use of consistent developmental screenings in Tapestry's targeted area. (Objective 1.4, Strategy 1).
 - b. Provide comprehensive infant/toddler mental health training. (Objective 1.4, Strategy 1).
 - c. Develop/select and disseminate a Resource Guide, Map and CD of resources/services within Tapestry's targeted area. (Objective 1.4, strategy 4; Objective 2.1, Strategy 1; and Objective 2.2, Strategy 2).
 - d. Host a conference in conjunction with the Project LAUNCH State Advisory Council on child development, mental health, how to make cross-referrals, and cross-training for health professionals and others who practice in the targeted area. (Objective 1.4, Strategy 6).
6. Small groups completed prioritization of action steps for the following two priority strategies:

- e. Fully engage parents in the Tapestry project. (Objective 2.1, Strategy 2 & 4 and Objective 2.3, Strategy 2).
 - f. Coordinate and network local agencies and community-based organizations and communicate promising approaches to the State. (Objective 2.1, Strategy 3).
7. Set regular meeting time for Young Child Wellness Council.
 8. Set up meeting with State Project LAUNCH staff to coordinate plans.
 9. Set up time for Tapestry Young Child Wellness Coordinator and State Evaluator to develop evidence based programs strategies, goals and indicators.

Part 3: Documenting the Strategic Plan

Overview: The following represents the local Tapestry Strategic Plan as developed by the local Strategic Planning Team. The Tapestry Strategic Planning Team adopted the Project LAUNCH State Advisory Council's Mission, Vision and Guiding Principles listed below.

Mission: The mission of Arizona's Project LAUNCH is to foster the wellness of young children, birth to eight years of age, through coordination of systems and funding, policy enhancement, and increased utilization of evidence-based approaches. Tapestry works to actualize this mission in the South Mountain community of 85040 and 85041.

Vision: Children will be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Guiding Principles: The project has three guiding principles for promoting young child wellness:

- A public health approach – A public health approach addresses the comprehensive health of all children by shaping environments and engaging partners from many sectors who can enhance and support good health in a comprehensive and coordinated way. LAUNCH will focus on prevention and health promotion activities which are key aspects of a public health approach, in addition to efforts that treat problems as soon as they are discovered.
- A holistic perspective - Child wellness is defined as optimal functioning across *all* domains, including cognitive, social, emotional, behavioral, and physical health. LAUNCH will focus across disciplines and engage many people involved in the lives of young children to create a shared understanding of healthy child development and young child wellness.
- An ecological framework – Child wellness is predicated upon children living in healthy, stable, safe, and supportive families and communities. LAUNCH will address not only strengths and challenges faced by the individual child, but also those experienced by his/her family, community, and culture.
- Diversity – LAUNCH is dedicated to promoting wellness for all Arizona children. In order to address wellness in a comprehensive and effective manner, it will be necessary to reach out to all Arizonans, using approaches that are appropriate to and respectful of their culture, and to engage them in achieving LAUNCH's vision of children in safe, supportive environments and entering school ready to learn and able to succeed.

Tapestry Goals and Objectives

Tapestry Goals and Objectives
Goal 2: Deliver local family-centered, fully integrated services for children 0-8 and their families in the targeted area.
Objective 2.1: Tapestry will have created a Local Young Child Wellness Council representing child/family serving systems to coordinate services and programs for children 0-8 and their families in the targeted area.
Objective 2.2: Tapestry will have integrated, coordinated and consistent use of developmental screenings and assessments across a range of settings for children age 0-8 and their families in the targeted area.
Objective 2.3: Tapestry will have developed and implemented a comprehensive training program for 100 primary and behavioral health providers, 50 child care providers and 50 parents about infant and toddler mental health, resources and benefits available, how to access services and strategies for collaboration resulting in increased awareness of mental health care for young children as evidenced by pre & post questionnaire.
Goal 3: Promote positive social and emotional development and mental health for children 0-8 and their families.
Objective 3.1: Tapestry will have implemented the Incredible Years Teacher Classroom Behavior Management Training program with at least 5 cohorts of 15 teachers and Parent Training Component with at least 5 cohorts of 15 parents.
Objective 3.2: Tapestry will have graduated at least 100 families in the <i>Parents as Teachers</i> home visitation program.
Objective 3.3: Tapestry will have completed the Strengthening Multi-Ethnic Families and Communities training with at least 300 families.
Objective 3.4: Tapestry will have completed the Parenting Wisely Program with at least 200 families.
Objective 3.5: Tapestry will have implemented Healthy Steps in one or more physician’s practices.

Themes: Several themes crossed the discussion on all objectives:

- How do we reduce duplication of services? Duplication related to the same family having multiple case workers and duplication due to agencies providing the same or similar services in the same area. Ideas discussed were interdisciplinary planning and interdisciplinary case management.
- How do we better institute the idea of a “one-stop shop” or co-location of services to better coordinate services provided, provide convenience for families and increase families’ follow through on recommended treatments?
- How do we ensure cultural competency is a part of every aspect of what we do? How do we facilitate healing between various groups and then work on building strong relationships? How do we maximize the opportunity of working together to accomplish this? (See Guiding Principles)

These themes will be integrated into Tapestry's on-going work.

Communication of ideas to the Project LAUNCH State Advisory Council

Members of the Tapestry Strategic Planning Team provided rich input that is incorporated into the local Tapestry Strategic Plan. In addition, members identified 16 items to communicate from the local Team to the State Team. These suggestions are meant to enhance the work in the area of child development and health and include the following:

1. Maintain a centralized database of resources and events.
2. Establish a statewide Hotline (resource and referral information).
3. Research validity and accessibility of existing programs.
4. Establish a statewide speaker's bureau of parents/siblings and practitioners.
5. Host a web portal for family support with central pre-enrollment links.
6. Support development of "one-stop shops."
7. Determine ways to provide umbrella services.
8. Create one form to identify the services a family/child is receiving and one form to identify services needed.
9. Identify eligibility processes/criteria across programs/agencies.
10. Research Arizona Early Intervention Program (AzEIP) eligibility levels for children with special needs, and assess if/how it might be changed. Develop alternative strategies for families that have a child with special needs who is not delayed enough to qualify for AZEIP services.
11. Create public awareness and support media advertisements around the importance of comprehensive development and health services for children birth to 8 years old.
12. With FTF and the local Young Child Wellness Council develop a joint State-local Coordinating Workgroup to assess and pilot approaches to developmental screening and assessment. Obtain support from the Arizona Chapter of the American Academy of Pediatrics and other relevant professional associations in Arizona.
 - a. Complete an inventory of the current state of developmental screenings and assessments including: What organizations are doing developmental screenings and assessments? What developmental screening tool(s) do they use? What criteria are there for using developmental screening and assessment tools? What training is available on developmental screening tools and assessment? Do other organizations accept the results of the screening and assessment? What can be done to work toward mutual acceptance of screens and assessments? Are there legal problems sharing screening and assessment results?
 - b. Complete a study on AzEIP eligibility. What are the barriers toward expanding the eligibility determination? Assess what "safety net" services exist and how parents access them for "borderline children."
 - c. Determine barriers and best methods to share data. Determine barriers for AzEIP to accept other organizations results for ASQ developmental screening.
 - d. Develop Standard Operating Procedures (SOP) for developmental screening and assessment.

- e. Collaborate between agencies to determine standard screening tools.
 - f. Host regular meetings between agencies to conduct and process developmental screenings and assessments to reduce duplication, share information, best practices, etc.
 - g. Develop tracking system for all agencies doing developmental screenings.
 - h. Create a web-based clearinghouse for screening forms and in-person and web-based on-going training for screeners.
 - i. Provide a clearinghouse for developmental screening training.
 - j. Provide a "Help Desk" for practitioners to call regarding developmental screening and assessment.
13. Assess State agency terminology to ensure that there is clarity between primary health care and behavioral health care and social services organizations supporting families.
- a. Develop method to ensure that primary care is making referrals to behavioral health.
 - b. Examine cross system policies: RBHA; AHCCCS by medical providers and enhance communication between both clinical entities.
 - c. Examine and assess implementation of virtual multi-disciplinary planning meeting and promote tele-connectivity between primary care home and specialized behavioral health.
 - d. Assess ways to better integrate funding for primary and behavioral health care.
 - e. Promote co-location of primary and behavioral health care. A first step could be to host a joint conference between rural and urban primary health and behavioral health providers. Mountain Park Health Center's co-location of services could serve as a model, and Tapestry can bring University of Arizona Medical School to the table.
14. Build training on child development into college/university curriculums.
15. Host a conference to educate health professionals on child development, mental health and cross-referral.
16. Reactivate AZ211 of community resources, available by zip code.

Tapestry Local Level Strategic Plan

The following pages are the local level strategic plan. We are grateful to the Project LAUNCH State Advisory Council for the template used for the local plan. Using the same template will allow for easier integration of State and local efforts and provide an easier format to compare goals, objectives, strategies, outcomes, activities, timeframes, and indicators.

Goal 2: Deliver local family-centered, fully integrated services for Arizona's highest need children 0-8 and their families					
Objective 2.1: Tapestry will have created a Local Young Child Wellness Council representing child/family serving systems to coordinate services and programs for children 0-8 and their families in the targeted area.					
STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
2.1.1 Coordinate and network local agencies and community-based organizations and communicate promising approaches to the state.	Young Child Wellness Council oversees implementation of local strategic plan and takes lead on coordination of local services and coordinates with Project LAUNCH State Advisory Council	<p>1) Develop/select and disseminate a Resource Guide, Map and CD of resources/services within Tapestry's targeted area.</p> <ul style="list-style-type: none"> -Collect a comprehensive list of programs, services and resources in 85040/41 and from that develop or select a Resource Guide. -Develop a neighborhood services resource map that will be available on agency websites. -Develop a training CD on resources for providers and parents. -Hold Community Forums to disseminate <p>2) Develop mechanisms and events to coordinate local service delivery and health promotion programs such as:</p> <ul style="list-style-type: none"> -Host Roundtables and/or Agency "speed-dating" event(s) between agencies and community-based organizations to promote better understanding of the functions each agency and cross-referrals. -Develop Young Child Wellness Council Team(s) to enhance coordinated service delivery and create opportunities to collaborate between existing programs and services in the targeted area. <p>3) Serve on state Joint Coordinated Workgroup on</p>	Members of the Young Child Wellness Council; Tapestry staff	9/09-9/10	-Young Child Wellness Council created, 8- 12 Council members representing all required sectors
				9/09 & on-going	-Environmental Scan completed
				03/10 & on-going	-Strategic Plan Developed -Tapestry staff and 10+ local agencies collaborating -Resource Guide developed or selected.

		<p>Developmental Screening (see Objective 2.2)</p> <p>4) Convene a study group to examine the extent that there are "one-stop shops" to better coordinate services, provide convenience for families and increase families' follow through on recommended treatments and to examine the feasibility of piloting formal business agreements between primary care home and specialized behavioral health to increase cross referrals.</p>		09/11	<p>-Resource Guide disseminated</p> <p>-Young Child Wellness Council Teams created</p>
<p>2.1.2 Fully engage parents in the Tapestry project.</p>	<p>Families and family organizations will be involved in the planning, design and implementation stages of Tapestry.</p>	<p>1) Develop a <i>Parents as Mentors</i> program where parents help other parents through government and non-profit systems and provide parents with education on the benefits of primary care and infant/toddler mental health, strategies on how access behavioral health services, how to advocate for services for their child, community resources available and connect them to family-run organizations (ie: Family Involvement Center; MIKID)</p> <p>2) Tapestry Family Educators to identify & work with 3-5 Parent Advisors & work with DHS Office of Children with Special Health Care Need to provide training.</p> <p>3) Provide incentives for participation by parents including child care, meals, cash incentives</p>	<p>Tapestry staff</p>	<p>9/09 & on-going</p>	<p>-2 or more parent reps on Young Child Wellness Council</p> <p>-CW Council has mechanism in place to engage parents on regular basis</p>
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> Local providers will identify policy barriers to providing services that they will communicate the Project LAUNCH State Advisory Council. 					
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> Tapestry Family Educators will work with parent volunteers. Parents as Mentors and parents participating on the Child Advisory Wellness Council need "incentives" such as child care, stipend, etc. 					
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> This is an opportunity to reduce duplication through improved coordination of local services and pilot approaches in a targeted area. This is an opportunity to fully engage parents in the process of improving the "system" for the benefit of their children. 					
<p>COORDINATION AND COLLABORATION</p> <ul style="list-style-type: none"> Members of the Young Child Wellness Council will more effectively coordinate/collaborate as they learn about each other's services and programs, and can target resources to families. Families will become more effective at navigating the local services and resources and 					

<p>have a mechanism, through the local Young Child Wellness Council, to communicate concerns directly to agencies</p>
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> Promote best practices and lessons learned with other projects, nationwide, and the state level and locally including leveraging national resources - Consider Western Regional Partnership with states in this region of the nation. Create local investments of dollars through a fund or endowment. Collaborate with other partners on future grants. Research and apply for additional funding sources. Engage legislators in discussions around local collaboration and implementation of evidence-based programs. Use training as a mechanism to generate revenue. Establish permanent offices for the four Family Educators. Empower parents and therefore the community. Have community leaders champion Tapestry. Ask the parents who have been in the programs to continue educating other parents

<p>Goal 2: Deliver local family-centered, fully integrated services for Arizona's highest need children 0-8 and their families</p>					
<p>Objective 2.2: Tapestry will have integrated, coordinated and uniform use of developmental screenings and assessments across a range of settings for children age 0-8 and their families in the targeted area.</p>					
STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
<p>2.2.1 Promote use of consistent developmental screenings in Tapestry's targeted area.</p>	<p>Improved early identification and intervention for children living in the targeted area, including: --Improved hearing & vision screening.</p>	<p>1) Offer providers within the targeted area with the ability to assess children 0-8 and families using evidence-based tools. 2) Train Tapestry Family Educators how to use the Ages and Stages Questionnaire. 3) Train Family Educators through the State-approved hearing and vision screening training system administered by the University of Arizona Cooperative Extension. 4) Train Family Educators to use this questionnaire as an initial</p>	<p>Lead: Tapestry staff, & CW Adv. Council</p>	<p>9/09 & on-going</p>	<p>-Train providers to conduct ASQ -Conduct hearing and vision screening of children, caregivers</p>

<p>-Enhanced parental awareness of early identification/intervention</p> <p>-Increases use of ASQ.</p> <p>-Reduced duplication of ASQ & other screening tools with same family.</p> <p>-Improved parent/caregiver's knowledge of early identification and ASQ</p> <p>-Improved health providers knowledge about early identification and ASQ</p>	<p>contact with families when they enter the program or in general settings, such as community health fairs, community center events, and anywhere else that parents and young children can be engaged.</p> <p>5) If the screen shows need for further assessment Family Educators will ensure the parent is referred to the appropriate early intervention provider, and that follow up is implemented.</p> <p>6) The Family Educators will conduct hearing and vision screening as a non-threatening activity that allows them to assess the basic health and wellbeing of children and provide an opportunity for additional discussion about family health status.</p> <p>7) Provide consistent training to the community on developmental screenings/ASQ's for early education, health and school-based providers.</p> <p>-Train child care center administrators to use the ASQ.</p> <p>-Train primary care clinicians involved in the Healthy Steps program to use the ASQ.</p> <p>8) Organize and implement Health and Care Fairs to promote uniform use of developmental screening and assessments.</p> <p>9) Serve on state-level Coordinated Workgroup on Developmental Screening & Assessment (See Objective 2.1.1.3)</p> <p>10) Pilot setting up agreements between providers in the targeted area to work together regarding type of developmental assessment tools used, training required for utilization of tool, and sharing results of assessment so it does not need to be completed multiple times for same family.</p>	<p>3/10 & on-going</p>	<p>-500 children are screened using ASQ</p> <p>-1,000 children/families screened for hearing and vision</p> <p>-100 persons trained to administer ASQ</p>
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> 1) Discussions occurring over usage of screening tools outside of physician's offices and how to best coordinate work within physician's offices/clinics with community-based organizations. 2) Discussions about whether there should be one screening/assessment tool or several, and reducing duplication (how frequently and by whom tool is being used). 3) Advocate for AHCCCS reimbursement (Arizona's Medicaid program). for developmental and behavioral health screenings. 			
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> Need for personnel conducting screens, including Tapestry staff, to be trained in using ASQ correctly, including proper communication to parents and health personnel. Additional training for behavioral and primary health personnel on follow up to ASQ including how to work with community groups and how to refer parents to appropriate provider based on further assessment. 			

<p>OPPORTUNITIES</p> <ul style="list-style-type: none">● Enhanced collaboration between community-based providers and health providers. Enhanced referrals between primary health care and behavioral health care providers.
<p>COORDINATION AND COLLABORATION</p> <ul style="list-style-type: none">● State-local collaboration: Developmental screening presents an opportunity for the Project LAUNCH State Advisory Council to ascertain issues regarding screening and local Young Child Wellness Council to pilot approaches.
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none">● Implement a train-the-trainer model to sustain knowledge of screening/assessment tools. Work with health providers to receive insurance/AHCCCS reimbursement for developmental screening and assessment. Collaborate with other partners on future grants.

<p>Goal 2: Deliver local family-centered, fully integrated services for Arizona's highest need children 0-8 and their families</p> <p>Objective 2.3: Tapestry will have developed and implemented a comprehensive training program for 100 primary and behavioral health providers, 50 child care providers and 50 parents about infant and toddler mental health, resources and benefits available, how to access services and strategies for collaboration; resulting in increased awareness of mental health care for young children as evidenced by pre & post questionnaire.</p>					
STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
<p>2.3.1 Provide comprehensive infant/toddler mental health training.</p>	<p>Increase awareness of mental health care for young children</p> <p>Increase primary care and behavioral health care cross referrals</p>	<p>1) Provide training to providers (early education, health, school) with Southwest Human Development (SWHD), infant/toddler mental health organizations and others to on infant/toddler mental health and evidence based practices that: Highlights the benefits of increasing primary care and behavioral health cross referrals, Avoids terminology that attaches negative stigma, Cross educates providers and educates each entity of services available. Trains primary care clinicians in typical early childhood behaviors, and Educates family/patient on referral process.</p> <p>2) Subcontract with SWHD to improve capacity of providers in the targeted area to identify, screen, assess, refer and treat infant/toddler mental health by:</p> <ul style="list-style-type: none"> -Providing targeted training for physicians, such as "Lunch & Learn" sessions. -Provide child care providers who have attended University of AZ's Brain Builders training on social-emotional development more in-depth training on infant/toddler mental health. -Identify and train case managers through series of "grown Bag" trainings. -Link home visiting programs in targeted area to avoid duplication and ensure appropriate intensity of services for families. -Provide follow up consultation for child care providers and others. -Provide technical assistance through a "warm line." <p>3) Engage physician community and improve cross-referrals between primary health care and behavioral health providers regarding infant mental health by developing and implementing strategies with the Academy of Pediatrics, SWHD, Healthy Steps and Young Child Wellness Council. (See objective 2.1.1.4)</p>	<p>Lead: Tapestry staff, & CW Adv Council</p>	<p>9/09-on-going</p>	<p>Training provided on infant/toddler mental health, resources & benefits available, how to access services and strategies for collaboration for:</p> <ul style="list-style-type: none"> -100 primary and behavioral health providers, -50 child care providers -50 parents

		<p>4) Work with local behavioral health providers including the Division of Behavioral Health Services at ADHS and Magellan (the Regional Behavioral Health Authority) to provide specialized case management teams for pregnant women and women with young children in the targeted area including a supportive treatment environment, case management, medical and pediatric care.</p>		
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> AHCCCS reimbursement for developmental screenings and assessment as well as behavioral health screenings and assessments. Need for additional developmental pediatricians once screening and assessment identifies need for treatment. Need for child care health consultants to serve as bridge between early education programs and health providers. Need for infant/toddler mental health specialists to assist with screening, assessment, referral and follow up. 				
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> Health personnel, child care providers, schools and social service providers need to understand the value of infant/toddler mental health to make appropriate referrals, assessments, evaluations, treatment and follow up. 				
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> The field of infant/toddler mental health is relatively new, and as providers and parents become more familiar with the field and the importance of dealing with mental health issues early on, children will have improved well-being. 				
<p>COORDINATION AND COLLABORATION</p> <ul style="list-style-type: none"> There will need to be collaboration between primary care and behavioral health providers; between the various Tapestry programs such as Healthy Steps and SWHD; and between home visiting providers and ensuring that families get the appropriate level of assistance that is non-duplicative. 				
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> Engage legislators in discussions around local collaboration and implementation of evidence-based programs. Advocate for AHCCCS reimbursement for developmental screenings and assessments, as well as behavioral health screenings and assessments. Increase provider's capacity of provide early childhood services and programs. 				

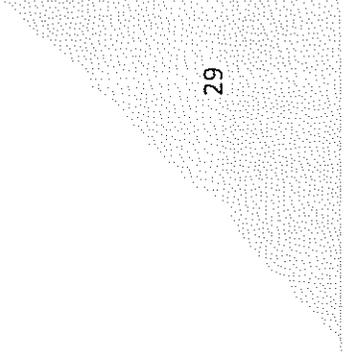
Goal 3: Promote positive social and emotional development and mental health for children 0-8 and their families

Objective 3.1: Tapestry will have implemented the Incredible Years Classroom Behavior Management Program with at least 5 cohorts of 15 teachers and Parent Training Component with at least 5 cohorts of 15 parents

STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
<p>3.1.1 Implement Incredible Years classroom management component with Roosevelt School District to:</p> <ul style="list-style-type: none"> -Strengthen teachers' effective classroom management skills, including proactive teaching approaches. - Increase teachers' use of effective discipline strategies. -Increase teachers' collaborative efforts with parents and promotion of parents' school involvement. -Increase teachers' ability to teach social skills, anger management, and problem-solving skills in the classroom. 	<ul style="list-style-type: none"> -Achieve an increase in the use of praise and encouragement among IY teachers. -Achieve a decrease in the use of criticism and harsh discipline among IY teachers. -Achieve an increase in IY teachers' collaborative efforts with parents and promotion of parents' school involvement. -Achieve an increase in IY teachers' ability to teach social skills, anger management, and problem-solving skills in the classroom. -Achieve a decrease in peer aggression in the classrooms of IY teachers. 	<ol style="list-style-type: none"> 1) Implement process for engaging the Roosevelt School District which serves young children in the targeted area to implement the Incredible Years (IY) program a set of comprehensive, multifaceted, and developmentally based curricula targeting 2- to 8-year-old children, their parents and teacher over a 12-14 week period via 3 weekly sessions of 15-20 minutes conducted in classroom settings. 2) Work collaboratively with Roosevelt School Superintendent and early education school personnel to determine what schools will participate in the target area schools 3) Tapestry staff will develop a strong relationship with school administrators, teachers, parent liaisons, parent associations and others to ensure program delivery, fidelity and outcomes. 4) Work with Roosevelt School District and Young Child Wellness Council to determine how Incredible Years compliments other programs. 5) Selected Tapestry staff & teachers will attend training in this curriculum at the University of Washington in Seattle. 6) Train teachers in groups of two to serve as "teams" to train other teachers. Training focuses on strengthening teachers' classroom management strategies, promoting children's pro-social behavior and school readiness, and reducing children's classroom aggression and noncooperation. 7) Implement the Incredible Years Classroom Management Component in the Roosevelt School District. 8) Cooperate with and provide data for an evaluation of the local efforts, to include assessment of: 1) the costs of 	<p>Roosevelt Schools, Tapestry Staff, Project LAUNCH Project Director & state Epidemiologist</p>	<p>2009/2010: Train 33 teachers and 6 early childhood educators</p> <p>2010/2011: Train 10 paraprofessionals; 11 teachers; 40 Head Start personnel.</p>	<ul style="list-style-type: none"> --# & % of IY teachers who increased use of praise and encouragement in the classroom. --# & % of IY teachers who decreased use of criticism and harsh discipline in the classroom. --# & % of IY teachers engaged in collaborative efforts with parents and promotion of parents' school involvement. --# & % of IY teachers who know how to teach social skills, anger management, problem-solving skills. --# & % of IY teachers who experience a decrease in peer aggression in classroom.

<p>-Decrease levels of classroom aggression.</p>		<p>implementing the program in the target area; 2) the quality of implementation of the evidence-based programs and practices (process evaluation); 3) the strength of local and State partnerships; and 4) the effectiveness of the evidence-based programs (outcome evaluation). Also cooperate with the cross-site evaluation.</p>	<p>Tapestry Staff, Project LAUNCH Project Director & state Epidemiologist</p>	<p>2010/2011 & on-going: Begin Parent Training</p>	<p>-# & % of IY parents who increase the use of positive and nurturing parenting. -# & % of IY parents who decrease use of critical and violent discipline approaches. -# & % of IY parents who increase use of problem-solving skills, anger management, & communication skills. -# & % of IY parents who increase family support networks and school involvement. -# & % of IY parents who increase collaboration with their child's teacher(s). -# & % of IY parents who increase involvement in their child's/children's academic-related</p>
<p>3.1.2 Implement Incredible Years parent education component to: - Increase positive and nurturing parenting. -Reduce critical and violent discipline approaches by replacing spanking with positive strategies. -Improve parents' problem-solving skills, anger management, and communication skills. -Increase family support networks and school involvement. -Help parents and teachers work collaboratively to ensure consistency across settings. -Increase parents' involvement in their child's/children's</p>	<p>-Increase in positive and nurturing parenting among IY parents. -Decrease in critical and violent discipline approaches among IY parents. -Increase in IY parents' problem-solving skills, anger management, and communication skills. -Increase in family support networks and school involvement among IY parents. -Increase in collaboration between teachers and IY parents. -Increase in IY parents' involvement in their child's/children's academic-related activities.</p>	<p>1) Determine process for engaging parents with: -Roosevelt School District, -Tapestry Family Educators, -Parent Mentor program (see objective 2.1.2.1) -Tapestry Young Child Wellness Council. 2) Train teachers to work with parents to support their school involvement and promote consistency between home and school. 3) The program components are designed to work jointly to promote emotional and social competence and to prevent, reduce, and treat behavioral problems in young children 4) Implement the Incredible Years Parent Component in the targeted area. 5) Cooperate with and provide data for an evaluation of the local efforts. to include assessment of: 1) the costs of implementing the program in the target area; 2) the quality of implementation of the evidence-based programs and practices (process evaluation); 3) the strength of local and State partnerships; and 4) the effectiveness of the evidence-based programs (outcome evaluation). Also cooperate with the cross-site evaluation</p>			

academic-related activities.				activities.
POLICY IMPLICATIONS				
<ul style="list-style-type: none"> Roosevelt School District was identified as an underperforming school as part of No Child Left Behind, how can Tapestry be a catalyst for school improvements and for parents viewing the school as providing good education for their children? 				
WORKFORCE IMPLICATIONS				
<ul style="list-style-type: none"> The train the trainer model allows teachers to train other teachers on Incredible Years curriculum. This will need to be sustained in light of turnover rates. This will also need to be applied to teachers of children 3 to 5 years old. 				
OPPORTUNITIES				
<ul style="list-style-type: none"> Opportunity for Roosevelt School to develop curriculum that enhances children's social-emotional development and parent's link to school. 				
COORDINATION AND COLLABORATION				
<ul style="list-style-type: none"> Requires tremendous coordination and collaboration between Roosevelt Schools and community providers and parents. 				
SUSTAINABILITY STRATEGIES				
<ul style="list-style-type: none"> Roosevelt Schools has offered to provide some in-kind funding for training. This project may provide an opportunity to have community leaders champion Arizona's Project LAUNCH/Tapestry effort; to focus on development in the community rather than referring to providers outside the community; and to work with the faith-based community. 				



Goal 3: Promote positive social and emotional development and mental health for children 0-8 and their families

Objective 3.2: Tapestry will have graduated at least 100 families in the Parents as Teachers home visitation program.

STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
<p>3.2.1 Implement Parents As Teachers to:</p> <ul style="list-style-type: none"> -Increase parent knowledge of early child development and improve parenting practices. -Provide early detection of developmental delays and health issues. -Prevent child abuse and neglect. -Increase children's school readiness and school success. 	<ul style="list-style-type: none"> -Achieve an increase in knowledge about child development and child-rearing practices, among PAT parents. -PAT parents will engage in more language- and literacy-promoting behaviors with their children. -Achieve an increase in PAT parents' involvement in their children's schooling. -Among PAT parents, achieve an increase in the number children who receive developmental screenings and have delays identified early. -Achieve an increase the well-being of children whose parents participated in the PAT's program. -PAT parents will be more knowledgeable about discipline, show more positive involvement with children, and organize their home environment more appropriately. -Families who participate in PAT will have fewer documented cases of abuse and neglect. -PATs children will be more advanced in language. 	<ol style="list-style-type: none"> 1) Hire and train 2 Tapestry staff to implement Parents As Teachers program a home visitation early childhood parent education and family support program serving families from pregnancy until their children enter kindergarten (0-5 years of age). 2) Tapestry Family Educators to recruit families to participate in Parents and Teachers. 3) Identify method to ensure that 75% of the families have or have had a parent incarcerated in prison or jail. 4) Provide monthly, biweekly or weekly personal visits in the home (depending on need) and phone calls to offer practical ideas on ways to enhance parenting knowledge. 5) Convene a support group for parents to meet in groups for 1-2 hour sessions to share with one another and gain additional peer support, encouragement and reassurance. Parents are engaged in learning about their child in new ways and have the support of someone who can provide first-hand guidance and discuss such topics as positive discipline, sleep, sibling rivalry, and toilet learning. 6) Complete Ages and Stages Questionnaire for all PAT families. 7) Ensure all children in PAT have hearing and vision screenings 8) Collect data using the Arizona Tapestry Project Participant enrollment form. 	<p>Tapestry Staff Project LAUNCH Project Director & state Epidemiologist</p>	<p>-2010: 60 families. -2010 & yearly: 720 home visitation services -2010 & yearly: 240 Stages and Questionnaires -2010 & yearly: Ensure 100% of children have hearing/vision screenings</p>	<ul style="list-style-type: none"> -# & % of PAT parents w/ increased knowledge about child development & child-rearing practices. -# & % of PAT parents engaged in language- & literacy-promoting behaviors w/ their children. -# & % of PAT parents involved children schooling. -# & % of children who received developmental screenings & had delays identified early. -# & % of children who experienced increase in well-being. -# & % of PAT parents knowledgeable about discipline, show positive involvement w/ children, & organize home environment more appropriately. -# & % of PAT families w/ fewer documented cases of abuse and neglect. -# & % of children, more advanced in language, problem-

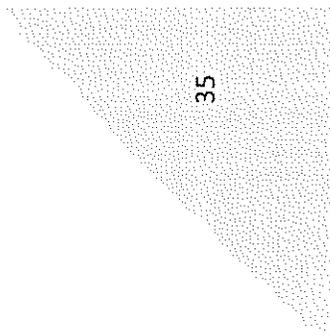
	<p>problem solving and other cognitive abilities, and social development.</p>	<p>9) Coordinate with other home visiting programs in targeted areas. (see objective 2.3.1.2)</p> <p>10) Implement the Parents As Teachers program in the targeted area.</p> <p>11) Cooperate with and provide data for an evaluation of the local efforts, to include assessment of: 1) the costs of implementing the program in the target area; 2) the quality of implementation of the evidence-based programs and practices (process evaluation); 3) the strength of local and State partnerships; and 4) the effectiveness of the evidence-based programs (outcome evaluation). Also cooperate with the cross-site evaluation.</p>		<p>solving, & other cognitive abilities, & social development.</p>
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> Barriers to employment for parents who have been incarcerated. Barriers to benefits for parents who have been incarcerated. 				
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> Ensure that personnel implementing PAT have adequate training, including Tapestry staff. Ensuring appropriate intervention for families in high stress due to a parent having been or currently incarcerated. 				
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> Demonstrate how a focused approach in one community can begin to change the generational problem of prison re-entry. 				
<p>COORDINATION AND COLLABORATION</p> <ul style="list-style-type: none"> Coordination of PAT with other home visiting programs in the community such as Healthy Families that focuses on children at risk of abuse or neglect. Coordination between Tapestry and criminal justice system and between Tapestry and other agencies (i.e.: Department of Economic Security, city of Phoenix Head Start; health providers) 				
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> Create local investments of dollars through a fund or endowment. Collaborate with other partners on future grants. Research and apply for additional funding sources. Establish permanent offices for the four Family Educators. 				

<p>Goal 3: Promote positive social and emotional development and mental health for children 0-8 and their families</p> <p>Objective 3.3: Tapestry will have completed the Strengthening Multi-Ethnic Families and Communities training with at least 300 families.</p>					
STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
<p>3.3.1 Implement Strengthening Multi-Ethnic Families and Communities training</p> <p>to:</p> <ul style="list-style-type: none"> -Improve parents' anger management skills. -Improve parents' child management skills. -Improve parents' problem solving skills. -Improve parents' relationships with child/children and other family members. -Improve the child's self-esteem. -Improve the child's self discipline. -Improve child's problem solving skills. -Improve the child's choices. 	<p>Achieve an improvement in:</p> <ul style="list-style-type: none"> -Parents' anger management skills. -Parents' child management skills. -Parents' problem solving skills. -Parents' relationships with child/children and other family members. -Child's self-esteem. -Child's problem solving skills. -Child's choices. 	<p>1) Train Tapestry staff on Strengthening Multi-Ethnic Families curriculum a unique integration of various prevention/intervention strategies geared toward reducing violence against self, the family and the community.</p> <p>2) Recruit parents to participate through Family Educators and Young Child Wellness Council.</p> <p>3) Hold parent training classes will be held at a variety of locations: churches, schools, community agencies and other locations.</p> <p>4) Implement 12- 3-hour sessions including 5 major components: Cultural/Spiritual Focus; Rites of Passage; Positive Discipline; Enhancing Relationships; and Community Involvement.</p> <p>5) Train additional agencies to implement programs with parents.</p> <p>6) Implement the Strengthening Multi-Ethnic Families and Communities program in the targeted area.</p> <p>7) Collect data using the Arizona Tapestry Project Participant enrollment form.</p> <p>8) Cooperate with and provide data for an evaluation of the local efforts, to include assessment of: 1) the costs of implementing the program in the target area; 2) the quality of implementation of the evidence-based programs and practices (process evaluation); 3) the strength of local and State partnerships; and 4) the effectiveness of the evidence-based programs</p>	<p>Tapestry Staff & Project LAUNCH Project Director & Epidemiologist</p>	<p>2009: Train Tapestry staff</p> <p>2010: Train additional agencies. Train 100 families</p> <p>2011: Train 100 families.</p> <p>2012: Train 100 families</p>	<ul style="list-style-type: none"> # & % of parents who participated in SMEF&C who reported an improvement in: -Anger management skills. -Child management skills. -Problem solving skills. -Relationship with child/children and other family members. -Child's self-esteem. -Child's self discipline. -Child's problem solving skills. -Child's choices.

		(outcome evaluation). Also cooperate with the cross-site evaluation.		
POLICY IMPLICATIONS				
<ul style="list-style-type: none"> Targeting program on families where there is a parent who has been incarcerated and assessing the impact as possible model for future policy. 				
WORKFORCE IMPLICATIONS				
<ul style="list-style-type: none"> Training Tapestry staff as well as staff of other local providers and parents. Importance of cultural competency in the implementation and follow up on this program. 				
OPPORTUNITIES				
<ul style="list-style-type: none"> Reduction of violence in targeted area. 				
COORDINATION AND COLLABORATION				
<ul style="list-style-type: none"> Coordination with schools, law enforcement, adult probation/parole and juvenile justice system. 				
SUSTAINABILITY STRATEGIES				
<ul style="list-style-type: none"> Ask the parents who have been in the programs to continue educating other parents. Collaborate with other partners on future grants. 				

<p>Goal 3: Promote positive social and emotional development and mental health for children 0-8 and their families</p> <p>Objective 3.4: Tapestry will have completed the Parenting Wisely Program with at least 200 families.</p>					
STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
<p>3.4.1 Implement Parenting Wisely Program to:</p> <ul style="list-style-type: none"> -Improve family relations/cohesion. -Decrease family conflict. -Increase the use of rewards for pro-social involvement. -Improve family attachment. -Improve family management and monitoring. -Improve parental discipline skills. -Improve the effectiveness of parental discipline. 	<ul style="list-style-type: none"> -Achieve an improvement in family relations/cohesion. -Achieve a decrease in family conflict. -Achieve an increase in the use of rewards for pro-social involvement. -Achieve an increase in family attachment. -Achieve an improvement in family management/monitoring. -Achieve an improvement in parental discipline skills. -Achieve an improvement in the effectiveness of parental discipline. 	<ol style="list-style-type: none"> 1) Use Parenting Wisely in conjunction with other Tapestry programs. 2) Train Tapestry staff and others on Parenting Wisely - an interactive CD-ROM program that covers communication skills, problem solving skills, speaking respectfully, assertive discipline, reinforcement, chore compliance, homework compliance, supervising children hanging out with peers who are a bad influence, step-family problems, single parent's issues, violence, and others. 3) Work with Parent Mentors, Tapestry staff, Young Child Wellness Council and others to identify parents to utilize CD for one to two sessions lasting approximately three hours. 4) Use Parenting Wisely CD and discussion as part of: <ul style="list-style-type: none"> -personal home visits- as major service delivery component -parent group meetings where there opportunities to share information about parenting issues and child development. -periodic screening for early identification of developmental delays -resource network- parent educators help families identify and connect with needed resources, and overcome barriers to accessing services 5) Determine strategies to facilitate parental completion of this self-administered, self-paced CD-ROM program. Parents view video scenes of common family problems. For each problem parents choose a solution and see it enacted and listen to a critique. The program is designed to be used by parents totally unfamiliar with computers as well as those with experience. 6) Implement the Parenting Wisely program in the targeted area. 	<p>Tapestry Staff, CW Council & state Epidemiologist</p>	<p>2009 & on going</p> <p>Train 50 parents per year</p>	<ul style="list-style-type: none"> # & % of families who participated in PW who reported: <ul style="list-style-type: none"> -Improvement in family relations/cohesion. -Decrease in family conflict. -Increase in the use of rewards for pro-social involvement. -Increase in family attachment. -Improvement in family management and monitoring. -Improvement in parental discipline skills. -Improvement in the effectiveness of parental discipline.

	<p>7) Collect data using the Arizona Tapestry Project Participant enrollment form.</p> <p>8) Cooperate with and provide data for an evaluation of the local efforts, to include assessment of: 1) the costs of implementing the program in the target area; 2) the quality of implementation of the evidence-based programs and practices (process evaluation); 3) the strength of local and State partnerships; and 4) the effectiveness of the evidence-based programs (outcome evaluation). Also cooperate with the cross-site evaluation.</p>				
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> • 					
<p>WORKFORCE IMPLICATIONS</p>					
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • This is an easy-to-disseminate tool, and if it shows to have a positive impact on parenting it can be more widely distributed. 					
<p>COORDINATION AND COLLABORATION</p> <ul style="list-style-type: none"> • With community-based providers, schools and parents. 					
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> • Ask the parents who have been in the programs to continue educating other parents. Collaborate with other partners on future grants. 					



Goal 3: Promote positive social and emotional development and mental health for children 0-8 and their families

Objective 3.5: Tapestry will have implemented Healthy Steps in one or more physician's practices.

STRATEGY	TARGETED OUTCOMES	ACTIVITIES	STAKEHOLDERS	TIMEFRAME	INDICATORS
<p>3.5.1 Implement Healthy Steps to: -Improve parents' knowledge, beliefs, & psychological health. -Improve parents' practices. -Improve child outcomes.</p>	<p>Achieve an improvement in parents' -Knowledge of child development. -Knowledge of child health promotion. -Sense of competence. -Satisfaction with parenting. -Satisfaction with pediatric services. Achieve a decrease in parental -Depression. -Stress. -Smoking -Achieve an increase in parental engagement in activities with their child/children to promote their health, learning, & development. -Achieve an improvement in parental use of preventive health care. -Achieve an increase in the utilization of well-child care/immunizations. -Achieve an improvement in child's language development. -Achieve an improvement in child's curious/active learning behavior.</p>	<p>1) Subcontract with Phoenix Children's Hospital (PCH) Healthy Steps Program which emphasizes a close relationship between parents and health care professionals in addressing the physical, emotional, and intellectual growth and development of children from birth to age 3. 2) PCH will identify physicians/physician practices that are motivated to "champion" Healthy Steps, an evidence-based prevention model that focuses on the importance of physical, emotional, and intellectual growth and development of the child from birth to age three, emphasizing a close relationship between health care professionals and parents. -Practice uses a medical home model with a focus on early childhood development -Practice is motivated to identify strategies to pay for the Healthy Steps position over the long term -Priority will be for practices with physicians who have already participated in the Healthy Steps model through internship 3) PCH will work with Practice to identify and use code for billing insurance companies that reimburse. 4) PCH will work with Practice to develop a marketing plan that increases the Practices share of the early childhood development and health "market" to recoup costs. 5) PCH and the Practice will identify and place full-time Healthy Steps Specialist with special training in child development to serve as a member of the health care team to provide an effective link between the family and the pediatric and family practice. 6) The Healthy Steps Specialist will provide training and technical assistance for the personnel in the Practice and begin working with families at infant's first well-child visit exam and with each well-child visit until the child reaches age three.</p>	<p>PCH Staff; Tapestry Staff & Project LAUNCH Project Director & Epidemiologist</p>	<p>10/09 Identify practice in targeted zip code 12/09: Begin serving families 2010: Serve 75 families 2011: 25 add'l families 2012: 25 add'l families 2013: 25 add'l families</p>	<p># & % of parents who participated in Healthy Steps who reported: -Improvement in knowledge of child development. -Improvement in knowledge of child health promotion. -Improvement in sense of competence. -Improvement in satisfaction with parenting. -Improvement in satisfaction w/ pediatric services. -Decrease in depressive symptoms. -Decrease in parental stress. -Increased engagement in activities with their child/children to promote health, learning, & development. -Improvement in use of preventive health care. -Decreased smoking. -Increase in the utilization of well-child care/immunizations. -Improvement in child's language development.</p>

	<p>-Achieve a decrease child's problem behavior. -Achieve a decrease in child's injuries and hospitalizations.</p>	<p>7) Children will receive periodic developmental screenings beginning at six months of age, and home visits to coach families with home safety and discipline plans, positive parent-child interactions, and linking parents to community resources. 8) Implement the Healthy Steps program in the targeted area. 9) Collect data using the Arizona Tapestry Project Participant enrollment form. 10) Cooperate with and provide data for an evaluation of the local efforts, to include assessment of: 1) the costs of implementing the program in the target area; 2) the quality of implementation of the evidence-based programs and practices (process evaluation); 3) the strength of local and State partnerships; and 4) the effectiveness of the evidence-based programs (outcome evaluation). Also cooperate with the cross-site evaluation.</p>		<p>-Improvement in child's curious/active learning behavior. -Decrease in child's problem behavior. -Decrease in child's injuries/hospitalization s.</p>
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> • Reimbursement for screening and assessment by all insurance carriers and AHCCCS. Reimbursement for the costs of a Healthy Steps Specialist. 				
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> • Physician practices need to understand the value of early childhood development to understand the need for a Healthy Steps Specialist. By having such a person on staff that can increase their market share and recoup the cost of a full-time Healthy Families Specialist over a period as short of 4 to 6 months. 				
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • The physician practice with a Healthy Steps Specialist can serve as a model for both the local and state level of cross integration between primary and behavioral health, effective screening, assessment and referral/treatment, effective parent engagement and positive infant/toddler mental health. 				
<p>COORDINATION AND COLLABORATION</p> <ul style="list-style-type: none"> • The Healthy Steps Specialist needs to work in conjunction with the other components of Tapestry to have an even greater impact on the families served. 				
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> • Physician Practices can re-coup the cost of a Healthy Steps Specialist in 4 to 6 months by increasing market share. Physician practices to participate in Tapestry will already have a commitment to the importance of early childhood development. 				